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Global vaccine action plan

Report by the Director-General

1. In May 2012, the Sixty-fifth World Health Assembly adopted resolution WHA65.17 in which it endorsed the global vaccine action plan,[1] an immunization vision and strategy for the world for the decade 2011–2020. The Health Assembly requested the Director-General "to monitor progress and report annually, through the Executive Board, to the Health Assembly, … on progress towards achievement of global immunization targets, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions".

2. In May 2017, the Seventieth World Health Assembly, having considered the report on the global vaccine action plan, expressed concern that progress toward increasing equitable access to life-saving vaccines, the eradication of polio, and the elimination of measles, rubella, and maternal and neonatal tetanus was too slow. In resolution WHA70.14 on strengthening immunization to achieve the goals of the global vaccine action plan, the Health Assembly requested the Director-General: to report to the Seventy-third World Health Assembly, through the Executive Board, on the epidemiological aspects and feasibility of, and potential resource requirements for, measles and rubella eradication, taking into account the assessment of the Strategic Advisory Group of Experts on immunization; and to continue to monitor progress annually and to report to the Health Assembly, also through the Board, as a substantive agenda item in 2020 and 2022 on the achievements made against the global vaccine action plan's goals and targets for 2020.

3. Pursuant to these requests, this report provides the relevant updates. Furthermore, as the global vaccine action plan is nearing the end of its designated time span, it is important to take stock, and the report also identifies the lessons learned from the implementation of the global vaccine action plan. It also explores the feasibility of eradicating measles and rubella and defeating meningitis, both by 2030.

IMMUNIZATION IN THE NEXT DECADE: REVIEW AND LESSONS LEARNED FROM THE GLOBAL VACCINE ACTION PLAN[2]

4. The global vaccine action plan was developed to help to realize the vision of the Decade of Vaccines, 2011–2020, namely, a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases. As part of its mechanism for monitoring, evaluation and accountability through WHO's Strategic Advisory Group of Experts on immunization, progress towards achieving the

[1] WHO. Global vaccine action plan 2011–2020. Geneva: World Health Organization; 2013 (https://www.who.int/iris/bitstream/10665/78141/1/9789241504980_eng.pdf, accessed 22 November 2019).

[2] Strategic Advisory Group of Experts on Immunization. The Global Vaccine Action Plan 2011–2020. Review and lessons learned. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/329097/WHO-IVB-19.07-eng.pdf, accessed 19 November 2019). Data quoted in this section are taken from that report.

goals and targets of the global vaccine action plan is reported annually through the Executive Board to the Health Assembly.

5. During the past decade, great strides have been made in immunization. More children are being vaccinated than ever before (116 million children received three doses of vaccines against diphtheria, tetanus, pertussis) and ever-growing numbers of countries have introduced new vaccines (116 low- and middle- income countries have introduced at least one new vaccine since 2010). The number of countries with national immunization technical advisory groups meeting all the process criteria for the global vaccine action plan has nearly tripled, from 41 in 2010 to 114 in 2018.

6. The global vaccine action plan includes ambitious targets to catalyse action, but many are unlikely to be met by the end of its mandate. Globally, coverage of essential vaccines has plateaued between 84% in 2010 and 86% in 2018. Despite intensive efforts, polio has not been eradicated and measles is undergoing an alarming resurgence, with significant outbreaks in all six WHO regions. In only 28 of the 40 priority countries most at risk has elimination of maternal and neonatal tetanus been validated. However, the lack of progress in a relatively small number of countries, generally affected by chronic conflict or political instability, masks significant progress made during the decade in a large number of diverse countries. Goals and objectives identified by the global vaccine action plan remain relevant today, and its targets are globally agreed upon commitments that will advance progress towards attaining the Sustainable Development Goals.

7. The global vaccine action plan provides a comprehensive global strategy spanning both disease elimination/eradication initiatives and national immunization programme activities. It has created a global framework in which stakeholders in immunization can collectively discuss matters of concern. Despite these strengths, in practice it has had limited ability to influence the actions of countries and partners to achieve its goals.

8. Implementation of the global vaccine action plan was envisaged at country level through the updating of national immunization plans, supported by development partners. This has only happened, however, to a limited extent. Towards the end of the decade, regional vaccine action plans were developed and have played a key role in bridging the gap in strategy and planning between global and country levels.

9. Progress towards the intended objectives of better integrating immunization into primary health care and of building linkages outside the health sector has been limited. Although involved in the global vaccine action plan to a degree, non-State actors have the potential to play a wider range of roles. In the absence of allocation of specific responsibilities for implementation of the global vaccine action plan, opportunities for non-State actors to establish closer ties with emerging health priorities, such as global health security, have not been fully grasped.

10. Extensive communications and advocacy activities were undertaken at the launch of the global vaccine action plan, but they have not been sustained throughout the decade. Together with this shortcoming, the global vaccine action plan’s low visibility, particularly among country stakeholders, may also have lessened its impact.

11. The global vaccine action plan includes an innovative and comprehensive framework for monitoring, evaluation and accountability. This includes a common set of metrics to assess progress and to enable Member States to benchmark their achievements. However, extensive annual reporting has not been sufficient to achieve accountability or to influence the activities of Member States and partners to the extent needed to achieve the goals of the action plan.

12. Urbanization and its accelerating pace, migration and displacement, conflict and political instability, vaccine unaffordability in middle-income countries, unexpected vaccine supply shortages, and rising vaccine hesitancy have all presented major challenges throughout the decade. Even though these challenges have been recognized, the global vaccine action plan has limited levers to influence responses to them.

13. The global vaccine action plan covers both disease-specific initiatives and the strengthening of national immunization programmes; both approaches have their merits, but the experience of the past decade suggests that elimination goals will ultimately depend on strong national immunization programmes that can equitably deliver high immunization coverage.

14. These insights argue in favour of a renewed global immunization strategy, building on strengths and the lessons learned from the global vaccine action plan during the past decade while taking account of the needs and emerging priorities of Member States and experiences of the multiple stakeholders investing in and supporting immunization efforts.

15. In addition, the need is urgent to respond to both the changing global context and emerging challenges. Issues such as growing inequities within and among countries, demographic shifts, migration and displacement of people, climate change and natural disasters, and the spread of misinformation about the safety and effectiveness of vaccines threaten immunization gains and require novel and tailored approaches to address them.

16. The Strategic Advisory Group of Experts on immunization, at its meeting in October 2019, proposed that a post-2020 immunization strategy should:[1]

(1) ensure more timely and comprehensive implementation at global, regional, national and subnational levels;

(2) focus on countries, specifically:

- place countries at the centre of strategy development and implementation to ensure context specificity and relevance;
- strengthen country-led evidence-based decision-making;
- encourage the sourcing and sharing of innovations to improve programme performance;
- promote use of research by countries to accelerate uptake of vaccines and vaccine technologies and to improve immunization programme performance.

[1] Meeting of the Strategic Advisory Group of Experts on immunization, October 2019: conclusions and recommendations. Post-2020 global immunization strategy and global vaccine action plan. Weekly Epidemiological Record (2019) 47(22):552–554 (https://apps.who.int/iris/bitstream/handle/10665/329962/WER9447-eng-fre.pdf?ua=1, accessed 25 November 2019).

(3) maintain the momentum toward the goals of the global vaccine action plan:

- incorporate key elements of the global vaccine action plan, recognizing its comprehensiveness and the importance of sustaining successes in immunization every year;
- add a specific focus on humanitarian emergencies, displacement and migration, and chronic political and socioeconomic fragility;
- encourage stronger integration between disease-elimination initiatives and national immunization programmes;
- encourage greater collaboration and integration within and outside the health sector.

(4) establish a governance model better able to turn strategy into action:

- create a robust and flexible governance structure and operational model based on closer collaboration between partners;
- incorporate the flexibility to detect and respond to emerging issues;
- develop and maintain a strong communications and advocacy strategy.

(5) promote long-term planning for the development and implementation of novel vaccine and other preventive innovations, to ensure that populations benefit as rapidly as possible;

(6) promote the use of data to stimulate and guide action and to inform decision-making;

(7) strengthen monitoring and evaluation at the national and subnational levels in order to promote greater accountability.

IMMUNIZATION IN THE NEXT DECADE: THE FEASIBILITY OF ERADICATING MEASLES AND RUBELLA[1]

17. Under the global vaccine action plan, enormous progress has been made in reducing the global incidence, morbidity and mortality of measles and rubella through vaccination, with 83 (43%) Member States eliminating measles and 81 (42%)[2] eliminating rubella, as at October 2019. However, global

[1] Meeting of the Strategic Advisory Group of Experts on immunization, October 2019: conclusions and recommendations. Measles and rubella elimination. Weekly Epidemiological Record (2019) 47(22):548–550 (https://apps.who.int/iris/bitstream/handle/10665/329962/WER9447-eng-fre.pdf?ua=1, accessed 25 November 2019). For full study on the feasibility of measles and rubella eradication see https://www.who.int/immunization/sage/meetings/2019/october/Feasibility_Assessment_of_Measles_and_Rubella_Eradication_final.pdf (accessed 3 December 2019).

[2] Including data from the recent regional verification commissions for measles and rubella elimination in WHO's European and Eastern Mediterranean regions (see respectively http://www.euro.who.int/en/health-topics/communicable-diseases/measles-and-rubella/activities/regional-verification-commission-for-measles-and-rubella-elimination-rvc/conclusions-of-the-8th-meeting-of-the-european-regional-verification-commission-for-measles-and-rubella-elimination-rvc and http://www.emro.who.int/media/news/rvc-declared-bahrain-oman-iran-rubella-measles-free.html, accessed 19 November 2019).

coverage of the first dose of measles-containing vaccine has stalled at about 85% for the past decade, a rate lower than that needed to achieve global, regional and country goals for reductions in measles incidence and mortality. All regions have set a measles elimination goal and four out of six have set a rubella elimination goal,[1] but regions and countries are at different stages of achieving those goals.[2] Implementation of current strategies in some countries is not sufficient to achieve these goals in the foreseeable future without a substantial shift in country, regional and global commitments.

18. Eradication of measles and rubella is considered technically feasible and the Strategic Advisory Group of Experts on immunization has already stated that these diseases can and should be eradicated.[3] Supporting all countries and regions to reach their elimination targets should be central to a renewed strategy. Progress relies critically on delivery of primary health care and universal health coverage, increased commitment to achieving high, equitable immunization coverage, identifying and filling immunity gaps, robust surveillance, and effective outbreak response.

19. The Secretariat stands ready to support establishment of an eradication target for measles and rubella once further progress towards existing goals is made and Member States are ready to commit to such efforts. A time-bound goal could be set when accelerated progress has been made, when markers that establish the conditions for launching a successful endgame push have been reached, and when there is evidence of a clear path towards achieving the goal. The lesson from past eradication efforts is that setting a target date when the endgame is in sight can catalyse a surge in commitment, effort and resources to complete the task, thus heeding the call to go "big and fast".[4]

20. The current large outbreaks of measles across the globe highlight the need for urgent action. Reaffirming the importance of achieving and sustaining regional goals for elimination of measles and rubella and restating a global commitment to a world free from measles and rubella both would convey the acute need to accelerate progress. Such a reaffirmation would emphasize that the global public health community remains firmly committed to actions based on the following principles.

- Progress toward achieving and sustaining regional goals must be accelerated. Goals for measles and rubella remain global public health priorities and require increased commitment at global, regional, national and subnational levels.

- Lessons need to be drawn from past eradication efforts, including recognition that success must be based on national commitment supported by domestic resources.

- A global target date for eradication of measles and rubella should only be declared once substantial and measurable progress has been made and a solid foundation has been laid such

[1] African Region: measles by 2020; Region of the Americas: measles by 2000, rubella by 2010; South-East Asia Region: measles and rubella by 2023; European Region: measles and rubella by 2015; Eastern Mediterranean Region: measles by 2015; Western Pacific Region: measles by 2012, rubella goal established but no date set.

[2] Graham M, Winter AK, Ferrari M, Grenfell B, Moss WJ, Azman AS et al. Measles and the canonical path to elimination. Science 2019;364:584–587.

[3] World Health Organization. Meeting of the Strategic Advisory Group of Experts on immunization, November 2010. Summary, conclusions and recommendations. Weekly Epidemiological Record 2011, 86:1–16 (https://www.who.int/wer/2011/wer8601_02/en/, accessed 19 November 2019).

[4] Omer SB, Orenstein WA, Koplan JP. Go big and go fast – vaccine refusal and disease eradication. N Engl J Med 2013;368:1374-6.

that, with the appropriate strategies, national resources and commitment, the ultimate push to interrupt final transmission pathways can be successful.

- Current approaches towards elimination of measles and rubella in individual countries with insufficient coordination across countries are inadequate to achieve existing goals. Measles and rubella transmission in any country is a threat to elimination in all countries. Stronger support and more coordinated strategies within regions and across transmission blocks must be developed to complement individual countries' efforts.

- Efforts to achieve and maintain elimination of measles and rubella are critical to strengthening immunization and primary health care services, advancing the global health security agenda and achieving equitable health coverage for all.

IMMUNIZATION IN THE NEXT DECADE: DEFEATING MENINGITIS BY 2030[1]

21. In 2018 the report by the Director-General on WHO's Thirteenth General Programme of Work, 2019–2023 acknowledges defeating meningitis by 2030 as one of the four flagship global strategies to prevent high-threats infectious hazards.[2]

22. Meningitis can cause epidemics, lead to death within 24 hours, and leaves one in five survivors with lifelong disability. Despite significant progress over the past 20 years, there were still an estimated five million new cases and 290 000 deaths globally from meningitis in 2017. Meningitis and meningitis-related sepsis can lead to severe sequelae, such as hearing loss, visual impairment, physical impairment, cognitive disability and limb loss, that have considerable emotional, social and financial impacts on individuals, families and communities. Meningitis is a threat in all countries of the world and presents a major challenge to health systems, the economy and society. Many cases and deaths from meningitis could be prevented by vaccination, but progress in defeating meningitis lags behind that for other vaccine-preventable diseases.[3]

23. Prevention and control of meningitis require a coordinated and multidisciplinary approach that includes: enhanced access to affordable vaccines,[4] effective prophylactic measures and targeted control interventions; access to appropriate health care, early diagnosis and effective case management; strengthened surveillance and laboratory capacity for all the main causes of bacterial meningitis and their sequelae; effective systems for timely identification and management of sequelae and access to appropriate support and care services for affected people and families; increased public and political awareness of the impact of meningitis; and improved health-seeking behaviour and access to control measures.

[1] WHO. Defeating meningitis by 2030: a global roadmap. Geneva: World Health Organization; 2019 (for latest draft see: https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf?ua=1, accessed 19 November 2019).

[2] See document A72/4, Proposed programme budget 2020–2021, Output 2.2.2, How will the Secretariat deliver? (page 57) (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_4-en.pdf, accessed 13 December 2019).

[3] WHO. Defeating meningitis by 2030: baseline situation analysis. Geneva: World Health Organization; 2019 (https://www.who.int/immunization/research/BSA_20feb2019.pdf?ua=1, accessed 19 November 2019).

[4] As highlighted in document A71/39 on Global vaccine action plan, which mentions insufficient supplies of meningitis vaccines during outbreaks (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_39-en.pdf?ua=1, accessed 21 November 2019).

24. In 2017, more than 50 representatives from governments, global health organizations, public health bodies, academia, the private sector and civil society called for a global vision to "defeat meningitis by 2030". In addition, 200 representatives from the 26 countries of the African meningitis belt amplified this call and highlighted the need for equitable and sustainable access to meningitis vaccines.

ACTION BY THE EXECUTIVE BOARD

25. The Board is invited to note the report and focus its deliberations on how to take forward work on immunization and meningitis, thus ensuring the succession from the global vaccine action plan and framework for meningitis prevention and control.

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